

## APPENDIX A-1:

### Data Abstraction Tool: Exclusive Breast Milk Feeding (NEWB-1)

**INSTRUCTIONS:** Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) \_\_\_\_\_
2. Provider ID (PROVIDER-ID) \_\_\_\_\_ (AlphaNumeric)
3. First Name (FIRST-NAME) \_\_\_\_\_
4. Last Name (LAST-NAME) \_\_\_\_\_
5. Birthdate (BIRTHDATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Sex (SEX)    ☐ Female            ☐ Male            ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
  - ☐ R1 American Indian or Alaska Native
  - ☐ R2 Asian
  - ☐ R3 Black/African American
  - ☐ R4 Native Hawaiian or other Pacific Islander
  - ☐ R5 White
  - ☐ R9 Other Race
  - ☐ UNKNOW Unknown/not specified
8. Hispanic Indicator- (ETHNIC)
  - ☐ Yes
  - ☐ No
9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_\_\_\_ (Alpha/Numeric)
10. Admission Date (ADMIT-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
11. Discharge Date (DISCHARGE-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

<input type="checkbox"/> 103	Medicaid: Includes MassHealth FFS and MassHealth Limited	<input type="checkbox"/> 318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
<input type="checkbox"/> 104	Medicaid: Primary Care Clinician (PCC) Plan	<input type="checkbox"/> 321	Medicaid: My Care Family with Neighborhood Health Plan (ACO)
<input type="checkbox"/> 208	Medicaid Managed Care – Boston Medical Center HealthNet Plan	<input type="checkbox"/> 324	Medicaid: Tufts Health Together with Atrius Health (ACO)
<input type="checkbox"/> <b><u>116, 207, 274</u></b>	Medicaid Managed Care – Tufts Health Together Plan	<input type="checkbox"/> 325	Medicaid: Tufts Health Together with BIDCO (ACO)
<input type="checkbox"/> 119	Medicaid Managed Care - Other (not listed elsewhere)	<input type="checkbox"/> 326	Medicaid: Tufts Health Together with Boston Children's (ACO)
<input type="checkbox"/> 312	Medicaid: Fallon 365 Care (ACO)	<input type="checkbox"/> 327	Medicaid: Tufts Health Together with CHA (ACO)
<input type="checkbox"/> 313	Medicaid: Be Healthy Partnership with Health New England (ACO)	<input type="checkbox"/> 328	Medicaid: Wellforce Care Plan (ACO)
<input type="checkbox"/> 314	Medicaid: Berkshire Fallon Health Collaborative (ACO)	<input type="checkbox"/> 320	Medicaid: Community Care Cooperative (ACO)
<input type="checkbox"/> 315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	<input type="checkbox"/> 322	Medicaid: Partners Healthcare Choice (ACO)
<input type="checkbox"/> 316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	<input type="checkbox"/> 323	Medicaid: Steward Health Choice (ACO)
<input type="checkbox"/> 317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	<input type="checkbox"/> 311	Medicaid: Other ACO

13. What is the patient's MassHealth Member ID? (MHRIDNO) \_\_\_\_\_ ( alpha characters must be upper case)

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14. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility (Review Ends)
- ☐ 05 = Other Health Care Facility (Review Ends)
- ☐ 06 = Expired (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA
- ☐ 08 = Not Documented or Unable to Determine (UTD)

15. Is there documentation that the newborn was at term or  $\geq$  37 completed weeks of gestation at the time of birth? (TRMNB)

- ☐ Yes
- ☐ No (Review Ends)

16. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? (ADMNICU)

- ☐ Yes (Review Ends)
- ☐ No

17. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)

- ☐ Yes
- ☐ No